FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVIB APPROVAL											
l	OMB Number:	3235-0287										
l	Estimated average bu	ırden										

	Check this box if no longer subject to							
_	Section 16. Form 4 or Form 5							
)	obligations may continue. See							
	Instruction 1(b).							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person* CHIUSANO ROBERT M					2. Issuer Name and Ticker or Trading Symbol WINNEBAGO INDUSTRIES INC [WGO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CHIUSANU RUBERI M												-	X	Directo	or		10% O	wner	
(Last) (First) (Middle) WINNEBAGO INDUSTRIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 10/29/2010									Officer below)	r (give title)		Other (below)	specify		
P.O. BOX 152						If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
,					"	4. II Allielidinent, Date of Original Fried (Month Day/Tear)							Line)						
(Street)	CITY L	\	50436										X	X Form filed by One Reporting Person					
FUREST		A 50436											Form f Persor		e thar	one Repo	rting		
(City)	(5	state)	(Zip)																
		Tab	le I - Non-	Deriva	ative	Sec	urities	s Ac	quired, D	isposed	of, or B	enefici	ally	Owned	l				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date			Date,	Code (Instr. 5)				4 and Securitie Benefici		es For ally (D) Following (I) (nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V	Amoun	t (A)	or Pric	е	Transaction(s) (Instr. 3 and 4)				(111501.4)	
		T	Table II - D (e						uired, Dis s, options,					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title a Amount Securiti Underly Derivati (Instr. 3	of es ing /e Securi	S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share	er						
Winnebago Stock	(1)	10/29/2010			A		465 ⁽²⁾		(1)	(1)	Common	4650	2)	\$9.85	9,589 ⁽³	3)	D		

Explanation of Responses:

- 1. Winnebago Stock Units are accrued under the Winnebago Industries, Inc. Directors Deferred Compensation Plan and are to be settled 100% in Winnebago common stock upon the earliest of the following events: reporting person's termination of service as a director, death, disability or a "change in the effective control of the Company" as defined in the Plan pursuant to an election made by reporting person on
- 2. Represents amount of Winnebago Stock Units acquired by reporting person on the transaction date.
- 3. Represents total amount of Winnebago Stock Units held by reporting person in Winnebago Industries, Inc. Directors Deferred Compensation Plan as of reporting date.

/s/ Raymond M. Beebe, Secretary, Winnebago Industries, Inc. under Power of

11/01/2010

<u>Attorney</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.